

OCT 17 2005

Attorney Docket No. 0169.410US

USPTO FAX NO.: 571-273-8300

ATTENTION: Examiner Ilia Ouspenski
TELEPHONE NUMBER: 571-272-2920

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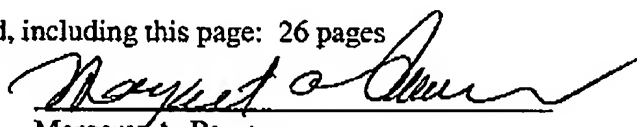
I hereby certify that the following documents in re Application of Juha Punnonen et al., Application No. 10/032,214, filed December 20, 2001, entitled NOVEL CO-STIMULATORY MOLECULES, are being facsimile transmitted to Group 1644 of the US Patent and Trademark Office to USPTO facsimile number 571-273-8300 on the date shown below:

Documents Attached

1. Amendment (21 pages)
2. Transmittal Form by facsimile (1 page)
3. Petition for Extension of Time Under 37 CFR § 1.136(a) (1 page plus one copy)
4. Fee Transmittal Form (1 page)

Number of pages being transmitted, including this page: 26 pages

Dated: October 17, 2005


Margaret A. Powers
Reg. No. 39,804

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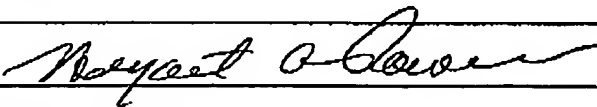
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/032,214	
	Filing Date	December 20, 2001	
	First Named Inventor	Juha Punnonen	
	Group Art Unit	1644	
	Examiner Name	Illa Ouspenski	
Total Number of Pages in This Submission	26	Attorney Docket Number	169.410US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;">Facsimile Transmittal Cover Sheet</div>
Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0990 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Margaret A. Powers, Reg. No. 39,804
Signature	
Date	October 17, 2005

CERTIFICATE OF FACSIMILE TRANSMITTAL UNDER 37 C.F.R. §1.8			
I hereby certify this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop: Amendment to Facsimile No. 571-273-8300 on the date shown below:			
Typed or printed name	Margaret A. Powers		
Signature		Date	October 17, 2005

OCT 17 2005

PTO/SB/17 (12-04v2)

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1020.00****Complete if Known**

Application Number	10/032,214
Filing Date	December 20, 2001
First Named Inventor	Juha Punnonen
Examiner Name	Illa I. Ouspenski
Art Unit	1644
Attorney Docket No.	0169.410US

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0990** Deposit Account Name: **Maxygen, Inc.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x	=		Fee (\$)
Fee Paid (\$)				

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time Under 37 CFR 1.136(a)**Fees Paid (\$)****1020.00****SUBMITTED BY**

Signature	<i>Margaret A. Powers</i>	Registration No. 39,804 (Attorney/Agent)	Telephone (650) 298-5809
Name (Print/Type)	Margaret A. Powers	Date	10-17-05

Certificate of Mailing under 37 C.F.R. §1.8

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Typed or Printed Name: Margaret A. PowersSignature: *Margaret A. Powers*Date: October 17, 2005